



# Consent For Minor

## Vaccination Form

Te Puna Ora o Mataatua is administering COVID-19, MMR and Flu Vaccinations across the Eastern Bay of Plenty. Signed consent needs to be obtained from a parent or legal guardian for rangatahi 12 years and older.

I hereby request and authorize that:

First Name: \_\_\_\_\_  
(Ingoa)

Surname Name: \_\_\_\_\_  
(Ingoa whānau)

Birthdate: \_\_\_\_\_ NHI Number: \_\_\_\_\_  
(Rā whānau)

Address: \_\_\_\_\_  
(Wāhi noho)

- COVID-19 Pfizer BioNTech
- Measles, Mumps & Rubella (MMR)
- Flu

Name of parent/guardian: \_\_\_\_\_  
(Ingoa o tō mātua/kaitiaki)

Relationship to you: \_\_\_\_\_  
(tōna hononga kia koe)

Parents contact number: \_\_\_\_\_  
(Nama wāea o tō mātua)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_